National Council of La Raza

The National Council of La Raza (NCLR) carried out a needs assessment to examine the TA/T needs of Hispanic and non-Hispanic CBOs nationwide. The methods used included a mail-out questionnaire to Hispanic and non-Hispanic CBOs, key informant interviews with executive directors of Hispanic/Latino CBOs, and focus groups with Hispanic/Latino CBO staff members. NCLR mailed out 235 questionnaires to Hispanic or Hispanic-serving CBOs and received back 75 completed questionnaires (roughly a 32% response rate). The focus groups and key informant interviews were carried out in seven cities: Hartford, New York, Chicago, El Paso, Los Angeles, Miami, and San Juan.

HIV/AIDS Surveillance and Epidemiology

CBOs rely extensively on epidemiologic data to design and implement HIV-related programs. A major obstacle cited repeatedly was the lack of knowledge, particularly among nonprofessional staff, of data interpretation and application. Respondents reported a need for TA/T to improve understanding, interpretation, and application of epidemiologic data and for educating communities about epidemiologic data. Another finding was the need for improved reporting of HIV/AIDS-related data broken down by Latino subgroups. Related concerns were the limited data available on Latinos and the need for greater research in this population.

HIV Prevention Community Planning

Almost three out of four CBO respondents (74.7%) reported having reviewed the epidemiologic profile of the HIV prevention plan submitted by CPGs. A high percentage (90%) indicated that their organization was aware of the CPG, yet only 30% reported that their CBO staff was represented to a great extent in the local CPG. Participation in the CPG process was greatly hindered by conflict of priorities and dissatisfaction with parity. CBOs reported TA/T needs in the areas of data interpretation, being an effective participant in CPGs, conducting surveys, and designing instruments for needs assessments. Other TA/T areas cited were community mobilization and recruitment, coalition building, and advocacy skills and strategies for making a difference in the CPG process.

Behavioral and Social Sciences

CBO staff found behavioral/social sciences information and interventions extremely relevant to their programs. However, when it came to incorporating such information into the design of HIV/AIDS programs, almost half of respondents (46.7%) reported the information to be too theoretical and not useful for practitioners. The primary factor that would facilitate use of this information was access to

research and data relevant to the CBO's target communities. In contrast, Puerto Rico CBOs reported that the most important factor was improved access to funding/resources to conduct their own studies and data collection.

Biomedical Information

CBO respondents viewed availability of this information as crucial for effective client education. When asked about barriers to incorporating biomedical information into prevention activities, the majority indicated that available information is too technical. Another commonly cited obstacle was not knowing how to interpret biomedical information. Several also pointed to the need for more user-friendly information in Spanish. CBO staff reported a need for TA/T on strategies to inform clients about biomedical information in a simplified, comprehensive, and culturally appropriate manner, citing as examples the use of community forums and Spanish-language workshops to provide medical updates.

Collaboration/Cooperation

The majority of collaborative partnerships among CBO respondents occurred with other HIV/AIDS organizations (86.7%). The leading factor enabling partnerships was the CBOs' past experiences of working together. Competition, territorialism, and a lack of trust were major barriers to the success of collaboration. Over half (68%) reported a need for TA/T on how to find resources for collaborative projects, followed by a need for TA/T in the areas of diversity/cultural competence and improving information exchange and referrals (both at 40%).

Program Evaluation

Eighty percent reported that their organizations conducted evaluation of HIV prevention programs. The most commonly reported TA/T need was identifying training opportunities for staff (68%). Other common needs were understanding how to translate evaluation findings and identify effective evaluation methods. Key informant interviews elicited other TA/T needs such as on impact/outcome evaluation, developing client satisfaction studies, using new evaluation models, statistical analysis, and correlation studies. Focus groups expressed a need for TA/T on basic program evaluation; evaluating outreach interventions; designing curriculum evaluation sheets; and translating evaluation tools for low-literacy groups, the blind, and the disabled.

Organizational Development

Respondents reported TA/T priorities to be grant writing, resource development, program planning and development, leadership development/program evaluation, and collaborative models. Other needs identified in focus groups and key informant interviews were management skills, financial management, board development, and access to computers.

Recommendations

- NRMOs must increase TA/T efforts to enhance CBOs' skills in developing and sustaining collaborative partnerships. Collaboration with regional agencies and other CBOs is an effective way to provide services without an influx of new funds and with limited CBO staff. TA/T needs to include in-depth information on coalition building; forming effective collaborative agreements; and empowering CBO staff members to effectively develop, implement, and follow through with collaborative agreements.

- NRMOs and CDC should promote epidemiologic/surveillance efforts of state and local/county health departments, as well as collaborate on increasing availability of Hispanic-focused HIV/STD-related data. Improved efforts by state and local/county health departments to collect and disseminate breakdowns of HIV/AIDS-related data on Latino subgroups are needed. CBOs need access to regional/local data related to their clientele to develop programs, participate effectively in the CPG process, and advocate for resources. CDC and NRMOs need to collaborate on carrying out culturally appropriate and community-based research to collect HIV/STD-related data on Hispanics.

- NRMOs, in collaboration with state/local health departments, need to increase TA/T to help CBOs participate in HIV community planning. There is still a need to promote greater understanding of the CPG process. TA/T must educate participants on effective advocacy skills and provide outreach and recruitment strategies to strengthen representation of special populations and "at risk groups." TA/T must also impart technical skills, particularly related to epidemiology/surveillance, for effective participation in the CPG, while emphasizing the importance and benefits of participation.

- CDC, with the support of NRMOs, should conduct a separate, in-depth needs assessment of TA/T needs of CBOs in Puerto Rico. Given the differences in political climate, oversight responsibilities of the health department, and the relative newness of CBOs, a separate examination of Puerto Rican TA/T needs is strongly urged.

- NRMOs, with the support of CDC, need to facilitate ongoing cross-training opportunities for Hispanic CBO staff using a peer-to-peer approach. Comprehensive TA/T needs to be delivered to the same staff members on an ongoing basis so that they become skilled in more than one area. Cross-training using the peer approach, which has worked successfully among Hispanic CBOs, can enable them to become better advocates and, ultimately, provide better HIV-related services. Such TA/T must be user-friendly and nontechnical, using a small-group, interactive format.

National Latina/o Lesbian and Gay Organization

The National Latina/o Lesbian and Gay Organization (LLEGO), under a cooperative agreement with the Centers for Disease Control and Prevention (CDC), conducted a needs assessment of the technical assistance and training (TA/T) needs of Latina/o community-based organizations (CBOs) serving Lesbian/Gay/Bisexual/Transgendered (LGBT) Latinas/os. The methodology for the needs assessment was threefold: 1) two focus groups, 2) two surveys, and 3) phone interviews. Although one of the surveys included seven priority areas in its collection of TA/T needs, the other methods only featured three priority areas: community planning, coordination and collaboration, and organizational development.

Demographics

AIDS service organizations (ASOs) are defined by LLEGO as organizations whose main programmatic focus is HIV/AIDS prevention or care. ASOs provide HIV prevention services using traditional public health methods, such as street outreach, block sessions, testing, counseling, and case management. They may also provide medical, clinical, and psychological services to people with HIV. Social/cultural organizations are defined by LLEGO as organizations whose main focus is to organize activities that address issues of self- empowerment, identity, and community building. They conduct HIV prevention activities through peer-to-peer support, retreats, arts and music, safer-sex workshops, and social activities.

- The focus groups had a total of 29 participants, 16 from the eastern region, 10 from the western region, and 3 from the central region. Of these 29 CBOs, 18 were ASOs and 11 social/cultural organizations.

- The first survey had a total of 10 valid responses, 5 from the eastern region, 4 from the western region, and 1 from the central region. Four of the respondents had a budget of $250,000 to $999,000 and four had a budget of less than $100,000. Of the two remaining, one was in the range of $100,000 to $249,000 and one was in the $2 million range.

- The second survey had a total of eight responses, six from California and two from New York. Five were social/cultural CBOs and three were ASOs.

- The phone survey had a total of three organizations respond. Of these respondents, one was from Florida and two were from California. Two were social/cultural CBOs and one was an ASO.

Highlights of the Findings

Focus Groups

In the priority area of community planning, participants were usually in agreement, and these are the highlights of their comments:

- There was great discrepancy in awareness of the CPGs, not only of their existence, but also of their functions. All ASOs were aware of the existence of CPGs, but only half of the social/cultural CBOs knew anything about it. Those who knew of the existence of CPGs were mostly well informed about their purpose and goals. However, fewer than half were members, and all agreed that the overall participation of Latinas/os in CPGs is either extremely low or nonexistent, and it is even less for LGBT Latinas/os. In Puerto Rico, low participation applied to LGBT representation.

- Fewer than half of the participants had used the HIV prevention plan to shape their organizational HIV efforts, and this was usually limited to accessing data for proposal writing.

- Generally, participants could not identify a positive impact that the CPGs might have had on their relationships with other CBOs/ASOs. In fact, they felt that since little effort had been made to involve organizations who were actually representative of and serving the identified at-risk populations, connection to the CPGs was of minimal interest. However, 38% of the participants could identify a positive impact on their organization's relationships with their local health department —particularly in that, for the first time, some of the groups were collaborating on initiatives with a local government organization.

In the priority area of Coordination and Collaboration, the highlights are:

- Although all of the participating CBOs were collaborating or had collaborated with other local organizations of a similar nature on a variety of HIV prevention programs, half of the participants stated that collaboration efforts initiated by non-Latina/o LGBT organizations were usually motivated by their need to access Latina/o LGBT. Thus, participants felt that collaboration should emphasize funding for the Latina/o LGBT communities and cultural diversity awareness.

In the priority area of Organizational Development, the highlights are:

- The top four technical assistance and training priorities of Latina/o LGBT CBOs are 1) leadership development, 2) board development, 3) fiscal management, and 4) volunteer development.

- In order to improve the effectiveness of HIV prevention programs, participants identified the following areas as priorities: 1) increase political representation, 2) increase private funding for programs aimed at populations at risk, 3) develop marketing strategies aimed at creating

supportive public attitudes and risk awareness among target populations, and 4) develop strategies to establish supportive media coverage.

Surveys

In the priority area of community planning, the highlights of both surveys are:

- Respondents were well aware of the HIV prevention CPGs in their area, and, although they understood the process for membership of the CPGs, they were skeptical of it. In fact, most had been asked to participate, but only seven of ten actually did.

- Nonetheless, participants stressed the importance of membership in their CPGs and indicated that a process must be established to 1) ensure an effective multicultural planning process and understanding of their CBO's role as both planner and advocate, 2) develop effective working relationships with health departments and CPGs regarding parity, and 3) create policies that prioritize inclusion and representation.

In the priority area of Organizational Development, the highlights are:

- CBOs agreed that the most significant barriers they have encountered while providing HIV prevention programs are homophobia, lack of media coverage, limited epidemiologic data on target population, and denial of risk among target populations.

- CBOs ranked the following areas as priorities for technical assistance needs of their organizations:

    - Priority number one: fiscal management
    - Priority number two: board development
    - Priority number three: evaluation and quality assurance

Phone interviews

The responses of the three organizations that were reached for a phone interview were similar in that they had all received the surveys, yet only one person could recall their content. Most importantly, the reasons for not returning the surveys were time constraints and changes in staff.

Recommendations

LLEGO has been made intimately aware of the general feeling of mistrust emanating from their member organizations towards the collection of data about their communities using surveys. Latina/o Lesbian, Gay, Bisexual, and Transgender organizations feel that they have been supportive of scientific efforts conducted in their communities; unfortunately, these efforts have rendered few concrete outcomes that have addressed their specific needs. This has created the feeling of having invested a lot of time, money, human resources, and effort, yet, at the end, their message has not been heard by government or by larger non-Latina/o organizations.

Another meaningful outcome of this needs assessment was that participants had an opportunity to articulate their distrust of the CPG process and of the negative impact of survey overutilization. Nonetheless, everyone was keenly aware of the importance of having open discussion meetings where individuals could share opinions, identify needs, and develop strategies among organizations. They underscored how having face-to-face meetings about their needs is much more viable than filling out one more survey. Therefore, to increase credibility among Latina/o LGBT groups, open discussion and in-person meetings are recommended. LLEGO has tried to create initiatives that nurture this need and help organizations collaborate in the development of prevention strategies that attend to their specific needs.

Since 1994, the community planning process has required CPGs to identify unmet needs and establish priorities for HIV prevention program funding. The CPGs are a decision-making body whose responsibility is to ensure the genuine participation of those who are most affected by public policy on HIV-specific issues. Given the statistical data on HIV/AIDS cases among Latina/o LGBTs, their presence on the CPGs should be ensured and significant. As highlighted through this needs assessment, this, however, has not been the case for Latina/o LGBTs. Attention must be given to this in order to obtain active and real representation on CPGs. This type of representation will ensure that members of the community are included in the creation of viable prevention programs for Latinos and Latinas and that collaborative efforts are enhanced.

Participants in this needs assessment were extremely articulate in their recommendations to strengthen and further develop the CPG process. They maintained that in order to increase Latina/o LGBT representation and ensure that it persists, it is critical that knowledge of HIV (epidemiologic, biomedical, etc.) among CPG members, and potential members, is balanced. Currently, most Latina/o LGBT organizations recognize their inability to discern biomedical information and incorporate it into their programming. To achieve this goal the CPGs should be required to establish a standard orientation process for current and new members and a standard practice for the efficient dissemination of information about CPGs that can promote participation from members of minority groups. Also, a great need within the CPGs is having proposal reviewers who are Latina/o LGBTs. This population needs to be trained as reviewers, not only for the purpose of understanding the process, but also to act as advocates for themselves as well as other minorities.

National Minority AIDS Council

The following findings are compiled from the National Minority AIDS Council (NMAC) report. Findings are based on surveys and focus groups of CBOs serving communities of color, especially African-Americans, in states not covered by the NAAPP study.

HIV Surveillance and Epidemiology

The CBOs appeared to be familiar with epidemiologic information and said they used such information in their prevention efforts. More than half of the respondents agreed that understanding of AIDS cases (64%), HIV prevalence estimates (57%), trends in the epidemic (61%), and population subgroup information (60%) was valuable to the quality of the CBO's HIV/AIDS prevention program. These percentages were comparable to the numbers of CBOs that reported incorporating this information in the design and implementation of their HIV prevention programs. Other information that the respondents found valuable and/or reported incorporating into the design and operation of their prevention programs included information on sexually transmitted diseases (STD), teen pregnancy, teen drug and alcohol use, and epidemiologic information according to geographic area (zip code level).

The most commonly used sources of epidemiological information were the state health departments. Almost three-fourths (74%) of the CBOs indicated obtaining (often or to a great extent) epidemiologic information from state health departments; about half reported obtaining this information from the CDC or the local epidemiologic profile. Other sources of information included local service providers and county health departments.

The majority (79%) of CBOs reported that they reviewed the epidemiologic profile submitted with the HIV prevention plan for their jurisdiction. Most of the respondents that reviewed the epidemiologic profile agreed that the information was useful. Some 86% found information on epidemiologic trends to be useful, while 84% found population subgroup information and number of AIDS cases (80%) to be useful information; HIV prevalence estimates were found useful by 72% of the respondents. Less that 3% of the respondents found the information in the epidemiologic profile either hard to understand or not useful. Some 63% of those who responded that they had not reviewed the profile indicated they had not tried to obtain a copy because they were not aware of its existence, while 19% said they had not tried to obtain a copy because it was not relevant to their programs. A small minority (about 10%) did not know how to get a copy of the profile or how to use it.

Technical assistance in the area of epidemiology and surveillance was considered a moderate priority by the CBOs. When asked to prioritize technical assistance needs, epidemiology and surveillance received a median ranking of 1.72 on a scale of 1-3 (with 1 being a high-priority and 3 a low-priority need). Additionally, about one-third of the CBOs reported needing assistance in understanding basic

epidemiologic and surveillance information and in obtaining and using epidemiologic information, including synthesizing such information for program development and applying this information for program practice.

Biomedical Information

A majority of CBOs agreed that understanding biomedical information is important to the quality of their prevention programs. More than three-quarters of the respondents agreed that knowing how HIV is transmitted (79%), how it affects a person's body (76%), and the role of STD treatment in prevention counseling (77%) was valuable to the quality of their prevention programs. They were less sure of the value of information related to post-exposure prophylaxis and microbicides; only about half of the respondents considered this information valuable.

A majority of respondents demonstrated accurate knowledge regarding HIV transmission and zidovudine (or AZT), STDs, and oral sex; perceptions about post-exposure prophylaxis and use of microbicides in reducing the risk of HIV infection were less clear. Some 88% of respondents agreed that transmission of HIV from mother to unborn child can be greatly reduced by treating the mother with AZT. Likewise, 83% agreed that the statement that one could not get HIV by having oral sex was false; and 71% agreed that if a person is infected with HIV, having another STD can greatly increase the chance of transmitting HIV to a sex partner. When asked whether taking AZT or protease inhibitors after exposure to HIV could greatly reduce the risk of HIV infection, 53% agreed with the statement, while 32% disagreed. In addition, 45% of respondents agreed that using microbicides in the vagina/rectum during sex can greatly reduce the risk of HIV infection, while 38% believed this statement to be false.

While a majority of CBOs agreed that understanding biomedical information was valuable to the quality of their prevention programs, they appeared to be less sure about incorporating this information into the design and operation of such programs. More than three-quarters (77%) of respondents considered information on STD treatment to play a valuable role in prevention counseling; however, less than half (48%) said they (often or extensively) incorporated such information into their prevention interventions. Nearly 68% said information about the effectiveness of different condoms was valuable to the quality of their prevention programs, yet only 45% reported incorporating this information (often or extensively) into their prevention services. Similarly, although more than three-quarters of respondents considered information about how HIV is transmitted, how it affects one's body, and comparative risk of oral, anal, and vaginal sex in transmitting HIV valuable, only about three-fifths said they incorporated this information (often or extensively) into their prevention programs.

Social and Behavioral Science

Two-thirds of respondents reported using behavioral science information in the development of prevention interventions. Information obtained from focus group participants indicated that, although they say they are using behavioral science research, few CBOs can identify a theoretical framework for their prevention interventions.

Barriers to using behavioral and social science in the design of prevention interventions focused on insufficient resources to obtain needed information and difficulties in understanding the information available. More than one-third of the respondents (36%) indicated that it was too costly to obtain journals or attend conferences where they could access behavioral science information; 30% said the available information was too theoretical. A few participants (16%) found the research they were aware of inappropriate for the population served.

Similarly, when asked what kind of technical assistance would facilitate their use of behavioral science data and theory in designing and implementing prevention interventions, a majority of respondents identified access to user-friendly and relevant information. About two-thirds of the CBOs reported needing assistance with obtaining user-friendly summaries of research reports and research and data that are relevant for target communities. About half stated that access to conferences and/or networks for peer exchange would help, as would obtaining user-friendly guides on how to use behavioral science information in designing prevention interventions.

Technical assistance in the area of behavioral science was perceived to be a moderate priority by the CBOs. When asked to prioritize technical assistance needs, biomedical research received a median ranking of 1.74 on a scale of 1-3 (with 1 being a high-priority and 3 a low-priority need). About one-third of the CBOs reported needing assistance in understanding basic behavioral science information and in obtaining and using behavioral science information for program development and implementation.

HIV Prevention Community Planning

Most CBOs were familiar with the HIV prevention community planning process. Approximately 86% indicated being aware of the HIV CPG in their area, and more than half (60%) reported having a representative on the CPG or identifying individuals for membership in the CPG (56%). About 55% reported knowing the criteria or methods for selecting members for the CPG, and nearly 70% reported participating in the community needs assessment process. About half of the respondents felt their constituency/clients were represented in the CPG (either by their CBO or others), while approximately one-third felt they were not really represented.

Politics and resource constraints appear to be the major barriers to participation in the HIV prevention community planning process. When asked about barriers that prevented the CBOs from participating in community planning, the most common answers tended to be related to politics (e.g., turf issues; the CPG is seen as useless because the process is really controlled by the health department; and dissatisfaction with issues of parity, inclusion, and representation) and limited organizational resources (e.g., conflict of priorities, lack of staff resources to attend).

The most commonly identified type of help needed to participate in the community planning process was assistance in working out differences with the health department. More than one-third of the CBOs identified a need for assistance in working with the health department/CPG on parity,

inclusion, and representation (PIR) and creating an effective multicultural planning process. About one in six CBOs identified needing assistance with understanding and using epidemiologic information, the needs assessment process, or the roles of planner and advocate.

Technical assistance in the area of community planning was perceived to be a high priority need by the CBOs. When asked to prioritize technical assistance needs, community planning received a median ranking of 1.38 on a scale of 1-3 (with 1 being a high-priority and 3 a low-priority need), the highest median ranking for all the technical assistance and training (TA/T) areas. The respondents did not need as much assistance with obtaining information on community planning as they did with applying this information for organizational development and program practice.

Collaboration

CBOs were most likely to collaborate with other HIV/AIDS organizations and health departments, and least likely to collaborate with labor unions and managed care organizations. Some 76% of respondents indicated collaborating with other HIV/AIDS organizations, while about 67% collaborated with state and/or local health departments; 65% reported collaborating with CPGs. About 60% indicated collaborating with community health clinics, testing centers, and other health organizations; 54% reported collaborating with Ryan White planning bodies, and a similar number with youth organizations. About half of the CBOs reported collaborating with religious organizations, and 45% with other national organizations (such as the Red Cross). Slightly more than one-third stated that they collaborated with businesses (34%) and with the CDC (36%). Surprisingly, only 25% said they collaborated with NRMOs.

CBOs were most likely to collaborate with other groups because they worked with the same target population and because they were encouraged by previous experiences working together. Other commonly identified factors that have enabled collaboration include having personal relationships with staff from other organizations (58%) and having funders who encourage cooperation (57%). Approximately 55% of the respondents attributed collaboration to scarcity of resources.

The most significant barriers to collaboration were turf issues and unwillingness of other organizations to collaborate. More than half (56%) of the CBOs identified competition/turf issues as a barrier to collaboration, followed by lack of willingness on the part of other organizations to collaborate (38%), especially unwillingness to collaborate with HIV organizations. Other obstacles to collaboration included lack of time to develop working relationships (31%) and conflict with regard to organizational philosophies.

Assistance with identifying resources and facilitating working relationships among local organizations was identified as a way to address barriers to collaboration. Assistance with “finding resources for collaborative projects” was identified as an important need by 52% of the respondents. About one-third of the CBOs also identified assistance with developing community networks, service coordination, diversity and cultural competence issues, and improving information exchange and referrals as areas where technical assistance was needed. Technical assistance to improve

collaboration with other organizations ranked relatively high as a priority area. It received a median ranking of 1.53 on a scale of 1-3 (with 1 being a high-priority and 3 a low-priority need), the third highest median ranking for all the TA/T areas.

Evaluation

A majority of CBOs reported evaluating their HIV prevention programs, but a large number are still uncertain about evaluation. While 77% of respondents indicated evaluating their HIV prevention programs, 9% reported that they did not evaluate. Slightly more than 10% either did not know whether their CBO evaluated its prevention programs or did not respond to this question.

The data suggest that evaluation efforts primarily focus on client self-reports and may neglect impact or longer-term outcomes. About 50% of the respondents who indicated evaluating their prevention programs reported using pre- and post-tests, and 46% used surveys often or to a great extent when evaluating prevention efforts. This suggests that they may be focusing on assessing knowledge before and after an intervention or on "subjective" client perceptions. Needs assessments, observation, and focus groups were other evaluation methods reported. Quasi-experimental and/or experimental designs and case studies were the least likely methods used.

Lack of resources was the most commonly identified barrier to evaluation. Almost two-thirds (64%) of the respondents identified lack of funding for outside consultants and 44% identified lack of staff available for evaluation as barriers to evaluation.

Evaluation was perceived to be a high-priority technical assistance need by the CBOs. When asked to prioritize technical assistance needs, evaluation received a median ranking of 1.48 on a scale of 1-3 (with 1 being a high-priority and 3 a low-priority need), the second highest median ranking after community planning. Approximately two-fifths of the respondents reported needing help to understand basic evaluation information and approaches and in using evaluation information, especially in synthesizing and applying such information for organizational development purposes and for program development and implementation.

Organizational Development

The most commonly identified technical assistance priority for the CBOs was program planning and development, closely followed by resource development, board development, and program evaluation. Almost one-third of the respondents identified help with program planning and development as one of their top three technical assistance priorities for their organization; 27% identified board development and/or program evaluation. Another 27% identified resource development, while 25% identified grant writing. Staff training and development was identified by 21% of the respondents, yet they did not specify topics.

Limited staff and funding were the most commonly reported barriers to providing HIV prevention services. More than three-fifths (63%) of the respondents identified limited staff — and 33% identified limited volunteers — as a barrier to prevention services. Some 49% listed lack of

government funding and 54% lack of private funding for programs for their target populations as barriers they faced. Other reported barriers included denial of risk among target population (43%), unsupportive public attitude (42%), lack of political representation and influence (38%), and homophobia (30%).

Government funding, awareness of risk among target population, and increased collaboration among HIV prevention providers were most often identified as factors that facilitated the prevention efforts by the CBOs. Around 40% of the respondents identified government funding, while 30% identified private funding, as a factor that facilitates their prevention efforts often or to a great extent. Approximately one-third reported that awareness of risk among the target populations (38%) and awareness of services (34%) were, often or to a great extent, factors that facilitated their work. Lack of capacity to reach multilingual populations or lack of political representation and influence did not appear to be very limiting factors for these CBOs.

Organizational development technical assistance was considered a moderately high priority. When asked to prioritize technical assistance needs, organizational development received a median ranking of 1.60 on a scale of 1-3 (with 1 being a high-priority and 3 a low-priority need), the fourth highest median ranking of the seven technical assistance areas that the survey focused on.

Conclusions and Recommendations

- CBOs understand the value of using epidemiologic information in the design and development of programs, but it is less clear whether they know how to use this information. Based on survey and focus group information, it could be concluded that CBOs recognize the value of epidemiologic information and that they do use this information to support the need to target resources to the populations they are serving (e.g., if MSM constitute the majority of AIDS cases, then the large share of resources should go to programs targeting MSM; or African-Americans are a rapidly growing proportion of the AIDS cases, so resources need to be targeted to this population, etc.) But, the CBOs are probably not using this information to direct their strategies.

- CBOs do not perceive technical assistance in epidemiology to be a high priority; this is probably because they do not clearly see how to use this information to inform program design. Although the CBOs may not recognize the need for technical assistance in this area, it is important to increase the CBOs' understanding of how to use epidemiologic information to enhance the effectiveness of their prevention efforts. The epidemiology-related technical assistance needs identified by both the survey respondents and focus group participants were similar: training on understanding epidemiologic data and how to use it.

- CBOs need assistance in understanding the implications of biomedical research for prevention efforts. Technical assistance in the area of biomedical information was not perceived as a high-priority area, probably because the CBO respondents did not make the connection between biomedical research and the design of effective prevention interventions. Although biomedical

information was perceived to be important, CBO staff were not clear about why this information should be incorporated into prevention efforts, or how to use this information. Both survey and focus group data indicate that respondents do not understand much of what is labeled as biomedical information; thus, they use it on a very limited basis. CBO staff appear more likely to use biomedical information in responding to questions asked during the educational presentations than in program planning and design to ensure that the information is provided to clients systematically. Technical assistance in this area should focus on helping the CBOs access information that is easily understandable and user-friendly (i.e., scientific/complex information needs to be adapted for use by the CBOs), and on training on how to use this information to enhance the effectiveness of community-based prevention interventions.

- CBOs needs for assistance in using behavioral science information to increase the effectiveness of prevention efforts varied widely among CBOs. Although the behavioral science section in the survey provided limited data, focus group information indicates that while CBO staff say they use behavioral science information when designing and developing their prevention interventions, they have difficulty articulating what information they use or how they use it.

- CBOs identified a need for research that is relevant for their target populations and for information that is easily understood and used by community-based providers. Some focus group participants appeared to be quite knowledgeable regarding theory-driven interventions and reported linkages with local universities; however, many indicated a great need for assistance in accessing appropriate, relevant, and user-friendly information. Funding was also a commonly identified need. Both survey and focus group respondents attributed some of their limitations regarding the design and implementation of theory-driven interventions to a lack of resources for obtaining information and operating programs.

- HIV prevention community planning is an area of great interest and involvement for the CBOs and a technical assistance priority. Focus group information supports survey findings with respect to a high level of CBO involvement in community planning. Barriers to participation were also similar for focus group and survey respondents. Reasons for not participating in the community planning process were related to politics (e.g., CBOs did not think the planning process provided them with a true opportunity for input). The priority level accorded to technical assistance in the area of community planning is probably due to the high level of involvement of the respondents and the importance attached to this process, especially because of its impact on resources for the providers. Specific technical assistance needs include leadership and skills-building training to enable individuals to play an effective role in the planning process. Both survey and focus group data support the need for training such as NMAC's CPLOT.

- Technical assistance in program evaluation is a high-priority need. Training on simple evaluation techniques that CBO staff can use to measure program outcomes and on translating evaluation findings for program improvement would be very useful. Assistance with identifying and obtaining resources for evaluation is also needed.

CBOs indicated needing technical assistance in all seven areas, but to varying degrees. The greatest technical assistance needs were perceived to be in the area of community planning, followed by evaluation and collaboration. The type of technical assistance most commonly requested was help in applying information for program practice. This was particularly evident in such areas as community planning, evaluation, and organizational development. Obtaining information ranked particularly high for such areas as biomedical research, behavioral science, and epidemiology. Assistance in identifying sources of technical assistance was of least importance in all seven areas.

When planning the delivery of technical assistance, it is crucial to keep in mind that CBOs are looking for providers who not only have expertise in the area, but also have experience in working with community-based organizations and demonstrate cultural competency. While they may look to health departments and the CDC for epidemiologic and biomedical information, and to universities for behavioral science research, they want this information translated into user-friendly formats that can help them with community-based prevention interventions.